



## **Helen Keller International**

### ***Nutrition-Focused Child Survival Project in Koulikoro Region, Mali***

*(Health Districts of Koulikoro, Kolokani, Kati, Ouéléssébougou)*



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**CS-15 Third Year Annual Report Prepared by:**

**Karen Z. Waltensperger, HKI Mali Country Director**  
**Diakalia Koné, HKI Mali Child Survival Coordinator**  
**Zeina Sifri, HKI Deputy Director for Child Survival**

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## GLOSSARY OF ACRONYMS AND TERMS

AIDS	Acquired Immune Deficiency Syndrome
ASACO	Association de la Santé Communautaire
BASICS	Basic Support for Institutionalizing Child Survival (USAID project)
BF	Breastfeeding
CBD	Community-Based Distribution
CDD	Control of Diarrheal Diseases
CS	Child Survival
CSCoM	Centre de Santé Communautaire
CSTS	Child Survival Technical Services (USAID project)
DIP	Detailed Implementation Plan
ECOWAS	Economic Community of West African States
EDSM	<i>Étude Démographique et de la Santé au Mali</i>
ENC	Essential Newborn Care
EOP	End-of-Project
EPI	Expanded Program For Immunization
EU	European Union
FAO	Food and Agriculture Organization (UN)
FHI	Freedom from Hunger International
FY	Fiscal Year
GM	Grandmother
HF	Health Facility
HIV	Human Immuno-Deficiency Virus
HKI	Helen Keller International
HKW	Helen Keller Worldwide
M/DHS	Mali Demographic and Health Survey
MI	Micronutrient Initiative
MOH	Ministry of Health
MSL	Monitoring, Sharing and Learning
MTE	Midterm Evaluation
NGO	Non-Governmental Organization
NIDs	National Immunization Days
ORS	Oral Rehydration Solution
PVO	Private Voluntary Organization
RP	<i>Radio de Proximité</i>
RMD	Regional Micronutrient Days
SC-US	Save the Children US
SNL	Saving Newborn Lives Initiative
SO	Strategic Objective
SOWC	State of the World's Children
TA	Technical Assistance
TOT	Training-of-Trainers
TDCI	<i>Troubles Dues à Carence en Iode</i> (Iodine Deficiency Disorders)
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency For International Development
VAC	Vitamin A Capsule
WAHO	West Africa Health Organization
WHO	World Health Organization
WRA	Women of Reproductive Age

## INTRODUCTION

Since October 1999, Helen Keller International Mali and its CS-15 governmental and non-governmental partners have been working towards the goal of sustainable reduction in infant, child, and maternal mortality in four health districts (Kolokani, Koulikoro, Kati, Ouéléssébougou)<sup>1</sup> of Koulikoro Region in the West African country of Mali.

Mali ranks sixth out of 167 countries in the world for child mortality. For every 1,000 live births, 229 children die before their fifth birthday. Child malnutrition rates in Mali are also among the world's highest. The most recent Demographic and Health Survey in Mali (M/DHS-2001) shows that 11% of Malian underfives are acutely malnourished; 34% underweight; and 39% stunted. The M/DHS-2001 also demonstrates that child mortality and malnutrition rates have barely improved over the last five years. Micronutrient deficiencies are also widespread. An estimated 36% of underfives are vitamin A deficient. However, recent analyses show that the prevalence of children at risk of vitamin A deficiency could be twice higher than previously estimated. Moreover, 82% of children 6-59 months old are anemic with iron deficiency as the major etiology; and 63% of newborns are unprotected against iodine deficiency disorders.

**Table 1: CS-15 Technical Interventions and Levels of Effort**

▪ <b>Nutrition/Micronutrients</b>	<b>80%</b>
General nutrition 20%	
Vitamin A 30%	
Other micronutrients 30%	
▪ <b>Breastfeeding (BF)</b>	<b>10%</b>
▪ <b>Control of Diarrheal Diseases (CDD)</b>	<b>10%</b>

The three integrated technical interventions<sup>a</sup> of HKI's current CS-15 *Nutrition-Focused Child Survival Project* are implemented using four cross-cutting strategies: 1) joint design, implementation, and evaluation of approaches to deliver a minimum package of essential nutrition services consistent with Ministry of Health standards and protocols; 2) capacity-building to improve access, availability, and quality of facility-based services; 3) mobilizing communities to improve demand for, and use of, key health services; and 4) communication for behavior change to improve key household behaviors and care-seeking practices. The beneficiary population of 385,000 includes 175,000 children 0-59 months and 210 000 women of child bearing age. Project activities are carried out by implementing partners: regional and district health authorities, 30 functional community health centers (CSComs), and national non-governmental organizational in the four health districts. Currently, a little less than 40% of the population has access to a functional CSCom within 15 kilometers.

### A. Progress towards Achieving Objectives:

Results of the CS-15 midterm evaluation (MTE), completed in September 2001, were positive, and the report<sup>2</sup> states: "...considerable progress has been made toward accomplishment of the health facility level objectives related to improving nutrition/child survival services" and cites the project's **main accomplishments** as:

- "...increased commitment on the part of the MOH to maternal and child nutrition, tangibly demonstrated from the national to the health facility level;
- greatly strengthened nutrition supplementation and counseling activities within the community health centers/CSComs;
- greatly increased coverage of pregnant women with iron-folate supplementation, and of children 6-59 months with VAC (vitamin A capsule) supplementation through mass campaigns;
- ...ongoing radio broadcasting on priority project nutrition/child survival topics through

<sup>a</sup> See section H. for a discussion of an *integrated nutrition strategy*.

*the network of local, private radio stations.”*

**Capacity-Building Achievements of the Project:** To cite the CS-15 MTE report: *“The (project’s) strong commitment to capacity-building... is consistently observed through the approach... which consists of ‘providing support’ but not ‘taking over’.” And: “These accomplishments have been the results of the institution-building strategies... operationalized through the development of frequent contact, communication, and support by project staff to MOH.... Regional officials report that none of the other externally-funded projects supporting regional programs have worked in such a close and collaborative fashion.”*

**Prospects for Sustainability:** Concrete examples of sustainable changes are documented in the MTE report which states: *“...the close advisory and working relationship...between the (project) coordinator and MOH officials from the national to the district levels has contributed to the following:*

- *establishment of a Division of Nutrition in the MOH;*
- *development of a national nutritional plan;*
- *development of the first MOH training manuals on maternal and child nutrition;*
- *inclusion of nutrition-related activities in the action plans of each of the districts in the project area; and*
- *greatly increased distribution of micronutrients to pregnant women and children, both through mass campaigns and at health facilities.*

A review of CS-15 progress toward meeting EOP objectives defined in the Detailed Implementation Plan (DIP) indicates that, as of October 2002, the project is on track to achieve most targets, which will be measured at endline. See Table 2 below.

**Table 2: CS-15 Indicators and Targets (to be measured at endline)**

#	CS-15 Indicators/Targets	On target?
1	80% of children 12-59 months old received a VAC in the last 6 months (80%+ in 2002 NIDs)	Yes
2	50% of mothers who attended prenatal services at CSComs with minimum package of activities receive a VAC within 40 days of delivery	Yes
3	30% of mothers who delivered in communities with CS CBD programs receive a VAC within 40 days of delivery	Yes
4	95% VAC coverage among children diagnosed with chronic diarrhea, measles, severe PEM, and xerophthalmia at CSComs with minimum package of activities	Yes
5	Combined HKI Food Frequency scores for consumption of vitamin A rich foods among preschool children 12-71 months old increases by 1.5days	Yes
6	Combined HKI Food Frequency scores for consumption of vitamin A rich foods among women of reproductive age increases by 1.5 days	Yes
7	67% of pregnant women received 90 iron-folate tablets	Yes
8	85% iron supplement adherence by women who received supplements from CSComs with minimum package of activities	Yes
9	85% iron supplement adherence by women who received supplements from CBD agent	Yes
10	95% iron supplement coverage among children diagnosed as severely anemic by pallor at CSComs with minimum package of activities	Yes
11	95% of salt samples from market tested for iodate and iodide every six months by agents in each CSComs with minimum package of activities	Yes
12	80% of households use adequately iodized salt	Yes
13	50% of cases of diarrhea presenting at CSComs with minimum package of activities receive ORS	Yes
14	40% of cases of diarrhea seen by CS CBD agents receive ORS and are referred to local CSComs	Yes
15	25% of cases of diarrhea receive ORS	Yes
16	75% of cases of diarrhea given as much or more food than usual	Yes
17	80% of mothers offer the breast to their infant within the first four hours after	Yes

	delivery	
18	20% of infants 0-4 months old are exclusively breastfed	Yes
19	60% of infants 6-9 months old are introduced to complementary foods	Yes

## B. Impeding Factors and Actions Taken

The CS-15 team has had to overcome a number of challenges related to project implementation, including:

- Delays in signing collaboration agreements with local NGO partners and subsequent funding shortfalls resulting in a reduction in the number of subgrant agreements originally planned (see Section G. below).
- Competition for time and effort of implementing government partners. To address this, HKI and the CS-15 project team is fully integrated in all levels of planning and monitoring at the regional level.
- Reluctance of national authorities to include vitamin A capsules and iron/folate tablets in community-based distribution (CBD) kits for NGO volunteer community health workers. This is being addressed through continuing advocacy and planning of future projects.
- Access to community health centers within 15 kilometers is still less than 50% in Koulikoro Region. It is planned that some 60 new CSComs will come on line in the region within the next few years. HKI is working with national and regional authorities to improve access and availability through innovative outreach strategies, as well as to increase demand and utilization through the dissemination of carefully designed and tested behavior change messages using *radios de proximité* (RPs) and other means of communication (see discussion of SNL activities using senior women's networks).

## C. Technical Assistance Required

There is no technical assistance required at the present time. Over the course of the past year, the CS-15 project has benefited from technical assistance from Freedom from Hunger International (FHI) in planning the community-based component of its Breastfeeding strategy, as well as from capacity-building in sustainability from Child Survival Technical Support (CSTS) in collaboration with SC-US, during a USAID/BASICS-sponsored workshop entitled "Planning for Sustainability" held in Bamako 29 October – 2 November 2002. HKI Mali's on-going relationship with FHI is described in a later section.

HKI has strong field-based technical resources available internally, as well, including its Regional Nutrition and Child Survival Advisor for Africa, Víctor M. Aguayo, based in Bamako, who dedicates 5% of his time and effort to providing technical assistance to the CS-15 project. In addition, Zeina Sifri, Deputy Director for Child Survival, continues to function as HQ Backstop for the project and provides technical and managerial support. Karen Z. Waltensperger, HKI Mali Country Director, formerly Africa Regional Health Advisor for SC-US, has experience supporting a number of past USAID centrally-funded child survival projects at the design, proposal writing, DIP development, implementation, and evaluation stages. Finally, during the past year, following the participatory midterm evaluation, the HKI Mali CS-15 team has continued to work with Judi Aibel, an independent consultant, on the complementary (match) Saving Newborn Lives (SNL) activities described below. This working relationship will continue during the final year of CS-15.

#### **D. Changes in Program Description and Detailed Implementation Plan (DIP)**

There have been no substantive changes in the program description or DIP, except the reduction in subgrants with local NGOs referenced above. See section H for a discussion of HKI's evolved thinking with regard to an *integrated nutrition strategy (for infant and young child feeding and related maternal nutrition)* and *redefinition of beneficiary population* for future projects.

#### **E. Results of Midterm Evaluation and Steps Taken to Address Recommendations:**

The seven priority MTE recommendations are being addressed by a comprehensive set of actions described below:

- ***“Identifying specialized technical assistance (TA) in community mobilization for behavior change: Community level activities need to be based on the concept of communication and mobilization for empowerment of community, individuals, and groups, to strengthen their ability to make decisions and take action related to health/nutrition themselves. In order to strengthen the skills of (project) staff and harmonize the community mobilization strategies used by NGO partners, the project needs to identify specialized technical assistance and/or additional in-house capacity on either a part-time or full-time basis. The HKI Country Representative is actively looking at alternative ways of responding to this need, including the possibility of hiring an additional staff member specialized in these areas and/or accessing short-term TA either from within or outside of HKI.”*** **Steps taken:**

Following the MTE, HKI sought appropriate TA and entered into a formal collaboration agreement with FHI for technical assistance and training in community-based approaches and mobilization strategies. In February 2002, the CS-15 team (HKI staff and partners) was trained in a participatory and empowering methodology for BF education led by Robb Davis of FHI and held in Koulikoro. This training energized the CS-15 team, enabling it to bring the project's BF intervention, which came on-line in Year III, into compliance with MTE recommendations. A second training opportunity offered by FHI in Bamako in September 2002 further reinforced the new skills and built additional capacity in HKI Mali. In addition, as detailed below, in January 2002, HKI Mali hired a Deputy CS Coordinator with significant community-based experience who currently splits her time between CS-15 and SNL activities, also described below.

- ***“Development and follow-up of NGO community mobilizing activities: Several immediate priorities are identified related to collaborative efforts with the ten local NGOs: finalizing agreements with them; strengthening and harmonizing NGO strategies related to community mobilization for behavior change; developing a common training module for use with community volunteers, grandmothers, women's group leaders, and community leaders; and regular follow-up/sharing with NGO partners to reinforce their strategies and formulate lessons learned.”*** **Steps taken:** Following the MTE, formal collaboration and sub-grant agreements were developed with seven of the ten NGOs specifying areas of joint effort, activities, timelines, and expected results. The NGO sub-grantees are monitored by HKI Supervisors in the four zones of intervention. In addition, the ten NGO partners have participated in training, qualitative inquiry, and field activities related to the SNL initiative described immediately below and involving senior women, male decision-makers, and traditional practitioners.

- ***“Involvement of grandmothers (muso koroba) in nutrition/CS activities: MTE interviews with grandmothers (GMs) and other family members clearly revealed the prominent role they play in dealing with all health promotion and illness management issues related to women and children. ...in all project zones efforts should be made to involve GMs in (nutrition and child survival) activities in order to dialogue with them and increase their support for the ‘improved’...practices promoted by the project.”*** **Steps taken:** Following the MTE, HKI put new emphasis on targeting senior women for behavior change messages. In late 2001, HKI developed a proposal for a set of activities entitled “Deciding in the

Newborn's Favor" designed to expand its community-based activities with muso koroba. In June 2002, HKI received a sub-grant from SC-US Sahel Field Office in Bamako, through the SNL initiative (Bill and Melinda Gates Foundation), to carry out an 18-month project focusing on demand and utilization of key practices, specifically, birth preparedness and the essential newborn care (ENC) package, including: antenatal care (ANC), maternal nutrition and workload, antenatal iron and folic acid, post-partum vitamin A, immediate and exclusive BF, etc. In complementarity with CS-15, HKI is carrying out SNL activities in 48 villages within the four CS-15 operational zones. Direct beneficiaries are family and community decision-makers, e.g., senior women, male heads of household, traditional authorities, religious leaders, and traditional practitioners.

▪ **“Training and follow-up of local community health associations/ASACOs:** *In the DIP it is expected that the ASACOs in the project zones will play an important role, both in managing community health center/CSCoM activities related to (nutrition and child survival), and in promoting good health/nutrition practices among community members. Based on weaknesses in their knowledge and skills identified in the recently completed organizational assessment, they need to be trained as soon as possible and supervised on a regular basis. The project has already taken steps to strengthen management capacity of ASACO by enlisting the collaboration of ACOD, a Malian NGO that works in this domain.”* **Steps**

**taken:** Budget constraints have limited the CS-15 Project's ability to provide the breadth and depth of management training and support needed for the ASACOs. In addition, the decision of the USAID/Mali Mission not to bridge PVO support for health during its transition to a new strategy has temporarily limited the external training and capacity-building resources available for this critical capacity-building work. However, the important issue of ASACO capacity was a point of discussion at the CS-19 design workshop. In addition, it is anticipated that USAID/Mali will be actively supporting ASACO capacity-building in upcoming bi-lateral procurements.

▪ **“Simple, participatory behavior change activities:** *Community level nutrition/health education activities should be based on principles of participatory adult learning in order to maximize the impact they have on learning and behavior change. It is also important to develop activities that can be used/sustained by community groups themselves rather than those which require the presence and skills of a trained community health/development worker. Emphasis should be put on the use of stories, songs, and group discussions rather than on traditional health talks (les causeries classiques), which are based on a directive, top-down approach.”* **Steps taken:** Through the mutually-reinforcing learning experiences in participatory methods for adult learning gained through the participatory MTE, from FHI, and through the SNL activities described above, CS-15 team members have been able to apply new skills to a range of BCC activities, including those involving the use of open-ended stories, songs, and group discussions.

▪ **“System for monitoring, sharing and learning (MSL) from project implementation:** *In order to ensure ongoing monitoring of project activities a comprehensive but simple MSL strategy should be developed by the project team. The system should include the collection of both key quantitative and qualitative information at each level of project activities and should include mechanisms for periodic sharing of experiences/observations/information between project partners and the formulation of lessons learned on an ongoing basis. The system itself should be assessed on an ongoing basis in order to modify it, if necessary, to make it as useful as possible for project decision-making and documentation for future programs.”*

**Steps taken:** Following the MTE recommendation, the CS-15 team is developing its report-writing capacity, using the “spiral” concept (i.e., analysis of data, lessons learned, recommendation for improvement). At the level of the district and CSCoM, the project has introduced a simple record-keeping system involving notebooks to register critical service delivery and events. The project is working at the regional level to insure that all micronutrient supplementation data and BCC activities are captured and integrated into the regional HIS.

▪ **“Gender training for project staff and NGO partners:** *Orientation to gender and training*

*in gender analysis emerged during the MTE as both an organizational and programmatic need. Gender training should be organized for all project staff in order to increase their sensitivity to gender dynamics that shape the situation and constraints faced by women in project-supported communities, and to strengthen the project's ability to effectively promote women's involvement and empowerment."* **Steps taken:** In early February 2003, HKI Mali will hold a training workshop for all staff and key partners in gender issues and analysis using a 5-day module developed by HKI Niger with Danish funding as a component of the Com-Santé Project.

## F. DIP Phase-Out Plan

Because the CS-15 project strengthens existing structures that will remain beyond LOP, and creates no parallel systems or new cadres of providers, sustainability of the structures themselves is not an issue. The project seeks to ensure sustainability of innovations and new behaviors through institutionalization, advocacy, influencing policy development, national-level uptake, and leveraging additional resources. See Table 3 below for progress with regard to capacity-building objectives.

**Table 3: Progress Toward Capacity-Building and Sustainability**

Objectives	Status	Progress towards reaching the Objectives
<b>Regional Level</b>		
Nutrition and CS interventions are included in regional planning for health service delivery. Key staff in health districts, cercles, regions are capable of planning and implementing quality nutrition programs.	Yes	<ul style="list-style-type: none"> <li>• All key staff trained in nutrition and CS at regional, health district, cercle, and local levels.</li> <li>• Region organized Regional Micronutrient Days (RMDs) in 2001.</li> <li>• Nutrition activities are integrated into health service delivery in annual CROCEPS planning process.</li> </ul>
Formal coordination mechanisms exist at the level of health districts, <i>cercles</i> , regions.	Yes	<ul style="list-style-type: none"> <li>• Frequent formal and informal meetings between regional authorities and CS-15 team.</li> <li>• Project team members participate in routine regional and district-level coordination meetings.</li> <li>• Steering committee holds annual meetings.</li> </ul>
HKI, MOH, NGOs, identify needs and are able to leverage resources.	Yes	<ul style="list-style-type: none"> <li>• Vitamin A and iron+folic acid have been accessed from UNICEF for distribution during RMDs.</li> </ul>
<b>Cercle/health district Level</b>		
The health districts ensure adequate supervision of CSComs.	Yes	<ul style="list-style-type: none"> <li>• Each health district possesses a pool of trainers in N/CS.</li> <li>• The CSComs are regularly supervised by trained staff of health districts and CS-15 team.</li> </ul>
<b>CSCom level</b>		
CSCom clinical workers deliver nutrition and CDD services of acceptable quality.	Yes	<ul style="list-style-type: none"> <li>• All CSCom agents have been trained on the technical aspects and on the advice to give about nutrition and the fight against diarrhea.</li> <li>• Systematic administration of Vitamin A Caps to women just after their delivery at the level of CSCom or rural maternity hospital.</li> <li>• Systematic prescription of iron foliate to pregnant women.</li> <li>• Systematic distribution of Vitamin A Caps to healthy and sick children from 6 to 59 months who come to consultation in CSComs.</li> <li>• The CSComs received advice card for reinforcing capacity change activities at the community level.</li> </ul>
CSComs renew ORS and micronutrient stocks routinely from cost recovery funds.	Yes	<ul style="list-style-type: none"> <li>• Micronutrient and ORS are available at the CSComs through cost recovery funds, however stock outs continue in some instances.</li> </ul>
<b>ASACO (Community Health Management Associations)</b>		

Objectives	Status	Progress towards reaching the Objectives
ASACOs ensure that nutrition and CDD activities are included in the CSCom minimum package of activities.	Yes	<ul style="list-style-type: none"> <li>• In Ouéléssébougou health district, an ASACO organizational capacity assessment has been carried out in collaboration with PLAN International, and the ASACOs were trained in nutrition/CS and organizational management</li> </ul>
<b>NGOs Partners</b>		
Key NGO staff capable of planning and integrating nutrition and CS activities.	Yes	<ul style="list-style-type: none"> <li>• Key staff of NGO collaborators trained in nutrition/CS</li> <li>• Collaboration agreements signed with 5 NGOs to develop community-based nutrition activities.</li> <li>• Community-based nutrition activities (e.g., infant and young child feeding) introduced during project's Year 3.</li> <li>• Partner NGOs have received counseling cards to reinforce behavior change at the community level.</li> </ul>
NGOs ensure adequate supervision of volunteer health workers at village level.	Yes	<ul style="list-style-type: none"> <li>• Volunteer village health workers and CBD has been reinforced.</li> </ul>
NGOs research donors and mobilize resources for supplemental funding in order to expand nutrition/CS interventions.	Yes	<ul style="list-style-type: none"> <li>• 5 NGOs with subgrants have also mobilized resources from other partners/donors.</li> </ul>
<b>Community-Based Distributors</b>		
NGO-supported volunteer village health workers offer acceptable quality nutrition and Child Survival activities	Yes	<ul style="list-style-type: none"> <li>• Village activities are operating effectively with the NGOs Baara Nyuma in Ouéléssébougou, ADERA and CARD in Kolokani.</li> <li>• CBD activities could not be organized in all project zones.</li> </ul>
<b>Women Groups and Senior Women</b>		
Women groups, senior women promote improved household practices and change community norms..	Yes	<ul style="list-style-type: none"> <li>• SNL match activities contributing to strengthening of this component. In some project areas, women's groups have benefited from training in nutrition interventions and culinary demonstrations for improved complementary feeding.</li> </ul>
<b>Radios de Proximité</b>		
RPs engaged in diffusion of nutrition/CS messages in form of micro programs, tales, songs, and sketches for raising community awareness and promoting demand and utilization.	Yes	<ul style="list-style-type: none"> <li>• Radio animators trained in nutrition/CS;</li> <li>• Collaboration agreements signed with local stations;</li> <li>• Match funding from Sight and Life (Basel) extends reach of Radio Djitoumou in Ouéléssébougou, supported by TA from HKI.</li> </ul>
<b>Village Drama and Theater Troops</b>		
Village drama and theater troops provide effective channel for behavior change at community level.	Yes	<ul style="list-style-type: none"> <li>• Animators/supervisors and drama groups trained in nutrition/CS and message design and delivery.</li> <li>• Collaboration agreements signed with qualified troops.</li> </ul>
<b>Salt merchants</b>		
Salt merchants more aware of benefits of iodization and sell adequately iodized salt.	Yes	<ul style="list-style-type: none"> <li>• Salt merchants trained in utilizing salt test kits.</li> <li>• Women's groups trained in salt test kits.</li> </ul>
<b>HKI</b>		
HKI defines the future needs of financing and will collect the necessary resources.	Yes	<ul style="list-style-type: none"> <li>• Additional resources have been collected with UNICEF, Save The Children USA and MI Project for more extended nutrition activities.</li> <li>• HKI prepares a Child Survival Project proposal (CS 19) in view to extend activities.</li> </ul>

## G. Factors Impacting Overall Management

**Financial management:** HKI Mali's CS-15 project has experienced financial management challenges over the past year due to currency fluctuations and consequences of 11 September 2001. Before the adoption of the Euro, the West African franc CFA was fixed to the French franc. The changeover to the Euro has had a negative effect on the US dollar-CFA exchange

rate, resulting in an estimated 15% erosion in local buying power and concomitant increase in operational expenses during FY02. HKI Mali has responded to the budgetary constraints by reducing subgrants to local NGOs, cutting expenses where possible, and successfully leveraging additional matching funds from other non-federal donor sources. HKI

Mali has also been adversely affected over the past year by the aftermath of the terrorist attack on the World Trade Center in September 2001 that resulted in the loss of HKW headquarters (HQ). The new HKI Mali Country Director had been in the country less than three weeks when HKI lost its physical plant, including financial and other records, but fortunately no lives. For several months following the disaster, routine administrative and financial support, and technical backstopping, were interrupted while the systems were re-constructed. HKW has emerged from the catastrophe and is ready to move forward.

Just prior to the arrival of the new Country Director in mid-August 2001, the Finance Officer hired to work on the CS-15 project had been fired for cause. At that time, the remaining Finance Officer took over his responsibilities. Performance evaluation was impeded by the temporary rupture in communications and routine monitoring resulting from the events of 11 September. In August 2002, at the request of the Country Director, an internal field audit was conducted by HKI's field accountant who recommended dismissal of the HKI Mali Finance Officer on grounds of incompetence (not dishonesty). The finance officer was dismissed in September 2002, and HKI Mali's administrative team was reorganized under a newly designated Program Support Manager. To bring this team up to speed quickly, the Country Director arranged for a well-respected Finance Manager from the HKI country office in Cameroon to spend a week training the Mali team, prior to the annual Regional Finance Training scheduled to be held in Bamako the week of 18 November 2003.

**Human resources:** Aside from the dismissal of the Finance Officer and reorganization of the administrative/finance team, there has been some normal staff turnover at HKI Mali during the past year. As detailed in earlier sections, a new Country Director arrived in mid-August 2001, following a period of some five months of acting and interim coverage for the position. A new Regional Nutrition and Child Survival Advisor had also joined HKI in July 2001, and, though he works regionally, is housed in the HKI Mali office in Bamako. In January 2002, the CS-15 project created a new position for a Deputy Child Survival Coordinator, partially funded by SNL funds. The incumbent in this post was recruited for her community-based experience with another PVO and strengthens the CS-15 team, as well as leading the complementary SNL activities.

**Communication:** As detailed above, the events of 11 September 2001 caused severe temporary disruption to international travel and telephone and email communications between HKI-HQ and country offices. However, the situation was fully restored to relative normalcy by the first quarter of calendar year 2002. Throughout the entire period of disruption, the HQ Backstop, working from home and later from temporary office space, and using her personal email, was able to continue to offer support and guidance during the follow-up to the MTE. In-country, communications between the HKI country office in Bamako and its principal partners, including the Regional Health Directorate in Koulikoro, are generally very good. Although telephone line failure is common in Bamako, HKI has email service via a radio link to the internet service provider and uses efax and a cellular telephone to backup the sometimes abysmal phone service. Communication is often more difficult between Bamako and the field sites in the districts where land-lines are scarce and often out of service. Unfortunately, Koulikoro Region, though surrounding the capital, does not yet have full cellular telephone coverage. The lack of telephone and email connections necessitates Supervisors having to come in to the capital to communicate with the CS Coordinator and other team members, thereby losing time in the field and incurring travel expenses. This is part of the price of doing business in Mali.

**Local partner relationships:** Relationships with governmental and non-governmental partners are stronger than ever, as evidenced by the participation and enthusiasm of local partners in the design workshop held for CS-19 proposal development. At the 2001 meeting of the

Steering Committee (*Comité de Pilotage*), the Koulikoro Regional Health Director expressed his desire that the CS-15 project continue and scale-up to cover the entire region. This geographic expansion became the foundation of CS-19 design for a cost extension application to be submitted in December 2002.

**PVO coordination/collaboration:** Because HKI Mali has never received any funding from the USAID/Mali Mission, until recently, it has never been included in the Mission's PVO roundtable meetings or other events for funded PVOs. In the context of CS-15 and other nutrition and CS activities, HKI Mali does however collaborate with a US PVOs, including Save the Children US, PLAN International, World Vision, and others.

**Other relevant management systems:** N/A

**Organizational capacity assessments:** See information about HKI Mali field audit above.

## **H. Identify and Provide Analysis of Issue, Success, Methodology, or Process with Potential for Scale-Up**

Since design of the CS-15 project and DIP development some three years ago, HKI's technical thinking has evolved with regard to *integration of nutrition interventions* and *definition of beneficiary population* in line with international standards and best practices.

The link between malnutrition and mortality in childhood is now well established. Nutritional deficiencies are the underlying cause of over 53% of under-five mortality in the developing world. In Mali, recent analyses demonstrate that 51%<sup>3</sup> of child deaths are attributable to malnutrition, making it the single greatest cause of child mortality for the country. Sixty-six percent (66%) of child deaths in Mali (two-thirds of all-cause child mortality) happen during the *first two years of life*. The two primary causes of infant and young-child undernutrition in Mali are: a) poor maternal health and nutrition and subsequent intra-uterine growth retardation; and b) sub-optimal breastfeeding and complementary feeding practices in early childhood, including poor nutritional care of infants and young children during and after illness. The *early childhood period (0-23 months)* in Mali is therefore a window of particular vulnerability as infants and young children are at a much higher risk of malnutrition, sub-optimal health, growth and development, and death. Improved feeding practices in early childhood can lead to improved intakes of energy and nutrients, leading to better nutritional status. In future CS projects, HKI will be redefining its beneficiary population to focus its attention on the nutrition of infants in the *first two years of life* and related maternal nutrition.

An *integrated nutrition improvement strategy* is necessary in recognition of the importance of infant and young child feeding and related maternal nutrition as the cornerstones of survival and childhood growth and development. An integrated strategy must include the entire continuum of breastfeeding, complementary feeding, nutrition management, micronutrient nutrition, integrated anemia control, and maternal nutrition. Over the past decades, the body of evidence of biological requirements for appropriate nutrition, recommended feeding practices, and factors impeding appropriate feeding has grown steadily. The *Global Strategy for Infant and Young Child Feeding*<sup>4</sup> aims to revitalize efforts to promote, protect and support appropriate infant and young child feeding. It builds upon past initiatives, in particular the Innocenti Declaration<sup>b</sup> and the Baby-friendly Hospital initiative<sup>c</sup> and addresses the needs of

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<sup>b</sup> The Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" held at UNICEF's Innocenti Center. Florence, Italy in 1990.

<sup>c</sup> The Baby Friendly Hospital Initiative was jointly launched by UNICEF and WHO in 1992. To become a "Baby Friendly Facility" every health facility providing maternity services and care for newborn infants make a commitment to fulfill the initiative's "Ten Steps to Successful Breastfeeding" outlined in the joint WHO/UNICEF statement entitled "Protecting, Promoting, and Supporting Breastfeeding: the Special Role of Maternity Services".

all children including those living in specially difficult circumstances, such as infants of mothers living with HIV/AIDS, low-birth-weight infants, infants living in emergency situations, and malnourished children. The strategy calls for action in the following areas:

- *All governments should develop and implement a comprehensive policy on infant and young child feeding, in the context of national policies for nutrition, child and reproductive health, and poverty reduction.*
- *All mothers should have access to skilled support to initiate and sustain exclusive BF for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued BF up to two years or beyond.*
- *Health workers should be empowered to provide effective feeding counseling, and their services be extended in the community by trained lay or peer counselors.*
- *Governments should review progress in national implementation of the International Code of Marketing of Breastmilk Substitutes, and consider new legislation or additional measures as needed to protect families from adverse commercial influences.*
- *Governments should enact imaginative legislation protecting the BF rights of working women and establishing means for its enforcement in accordance with international labor standards.*

The integrated strategy for infant and young child feeding specifies not only responsibilities of governments, but also of international organizations, non-governmental organizations and other concerned parties. It engages all relevant stakeholders and provides a framework for accelerated action, linking relevant intervention areas and using resources available in a variety of sectors

## **I. Other Relevant Aspects**

HKI Mali views as relevant the relationships and synergies that it has created with other health and nutrition activities in Koulikoro Region described below:

- ***Accelerated Strategy for Survival and Development of the Young Child:*** HKI collaborates with UNICEF in applying the *Stratégie d'Accélération de la Survie et du Développement du Jeune Enfant* (SASDE) in Kolokani District, one of three pilot districts in three regions of Mali where UNICEF assists the MOH in implementing the PRODESS. During Phase II of SASDE, a second zone, the health district of Fana (in the circle of Diola), will offer a further opportunity for collaboration in the region. The accelerated strategy includes community-based promotion of EPI+ (Expanded Program of Immunization Plus), including: consumption of iodized salt at the household level, antenatal iron+folic acid supplementation for pregnant women with IPT for malarial infection sulfadoxine pyrimethamine, post-partum vitamin A supplementation for new mothers within the first 40 days after delivery, vitamin A supplementation for children 6-59 months, and distribution of impregnated bednets. HKI was the only PVO/NGO invited by UNICEF to participate in the development of the training module for SASDE community agents in June 2002.
- ***Sahel Micronutrient Initiative II: Strengthening Vitamin A and Iron Programs in West Africa:*** In early 1997, with the common goal of assisting countries in achieving the micronutrient objectives of the World Summit for Children, HKI and MI established a partnership in West Africa to reinforce micronutrient programs. Mali was one of the countries selected, based on the very high levels of unmet need and HKI's history of partnership in this country. A first successful project phase (07/1998 – 01/2001) in Burkina Faso, Mali, and Niger led to a second phase (03/2001 – 02/2003). Discussions with MI are underway for a third phase of this project to begin in March 2003. The Mali component focuses on improving vitamin A and iron+folic acid supplementation coverage rates for target groups in all regions of the country through mass campaigns, health facilities, and community-based approaches. With MI funding, HKI serves in a technical assistance role to the MOH, which has included participation in the development of a core nutrition training curriculum to be administered in

all health facilities. HKI has also built the micronutrient information programming capacity of the approximately 110 RPs in cooperation with ORTM and URTEL. The project also spearheads the West Africa regional and national initiative for large-scale centrally-processed food fortification with micronutrients described above and is working toward small-scale fortification of at least one locally-produced complementary food for infants and young children already on the market (e.g., Misola and/or Ucodal), as well as community-scale fortification of staple foods, described in relevant sections. Through the Sahel MI match, HKI will be able to take successful CS-15 approaches and innovations to scale nationally and throughout the Sahelian Region.

- ***Micronutrient Initiative: Post-National Immunization Days:*** In partnership with UNICEF, HKI has recently secured funding from CIDA through MI for a two-year initiative to support large-scale vitamin A supplementation outside of National Immunization Days (NIDs) in several countries of West Africa, including Mali, beginning January 2003. Under CS-15, Koulikoro was the first region in Mali to develop a strategy to deliver the second dose of vitamin A outside of the NIDs through RMDs. With HKI support, the region will continue to serve as a site for testing improved practices and innovative strategies to achieve universal coverage once NIDs have been phased out.

- ***USAID/Mali Initiatives:*** USAID/Mali is currently in the process of issuing two solicitations: RFP-P-688-00-03-008 Increased Utilization of High Impact Services and RFA 688-03-012-00 Cercle Level Health Initiative to support the delivery of high impact services at the national level and in 12 zones of Mali, including 11 circles (districts) and two Bamako communes. At the national level, the contract to be awarded will provide technical assistance, training, and commodity support that will focus on the following high impact health services: 1) childhood vaccinations and tetanus toxoid for women of reproductive age; 2) bi-annual vitamin A supplementation of children integrated with iron+folic acid supplementation for pregnant women and if feasible, IPT for malaria in pregnant women; 3) high impact nutrition activities such as protection, promotion, and support of optimal breast feeding and complementary feeding practices; 4) prompt and effective treatment with appropriate anti-malarials, including IPT for pregnant women at selected intervals; 5) promotion of appropriate home fluids and oral rehydration salts for treatment of diarrhea (in collaboration with social marketing instrument); 5) a full range of proven and effective family planning interventions and approaches implemented at all levels including: social marketing, logistics, communication, advocacy, BC and IEC appropriate training and management support (in collaboration with the social marketing instrument and DELIVER, (a centrally-funded USAID project); 6) selected maternal health interventions. In the area of nutrition, the contractor will provide technical assistance to the Ministry of Health (DSSAN and the DNS) to develop a national plan for nutrition activities and provide training and technical assistance to selected elements of the plan. Illustrative activities include: 1) work with the Ministry of Health to develop a comprehensive national plan of action for nutrition; 2) develop a national policy on infant and young child feeding (including infants and young children affected by HIV/AIDS) and related guidelines; 3) develop a national and comprehensive strategy for the control of anemia in children and women; 4) scale up better practices; 5) develop BCC materials. At the district level, the recipient(s) of the cooperative agreement will provide technical assistance, training, and limited commodity support to the Ministry of Health, NGO partners, women's associations, private sector providers and community based agents. USAID/Mali has provisionally selected one district in Koulikoro Region, Diola in the southeastern corner, to be included in this initiative, to be rolled out in mid-2003 and linked operationally to a national-level USAID/Mali procurement (RFP No. 688-03-008-00) in support of its SO6. At all levels (district, regional, national), HKI is fully prepared to collaborate and achieve synergy with this important, life-saving initiative the goals and objectives of which are completely consistent with those of HKI and the current CS-15 project.

- ***Mali Multifunctional Platforms Project:*** As part of its work to advance food fortification with micronutrients in the West Africa sub-region, HKI has been working with a project sponsored by the United Nations Development Program (UNDP), EU, French Cooperation,

and others to enable local villages to install multifunctional platforms as a driving component of a food/nutrition security and poverty reduction strategy. In Koulikoro Region, there are already a half dozen of these pre-fabricated, modular units installed in villages and they run as private enterprises funded through cost recovery, often managed by women's groups. While offering an excellent opportunity for small-scale micronutrient fortification for family cereals, these multifunctional platforms improve women's social status by reducing many burdensome tasks (e.g., grinding cereals) and providing income generation opportunities and management experience. By invitation of HKI, a representative from the Mali MP Project joined the country delegation for the West Africa Private Sector-Public Sector Dialogue for Food Fortification with Micronutrients in West Africa, organized by HKI in collaboration with WAHO, UNICEF, and MI, held in Accra, Ghana, in October 2003.

▪ ***Saving Newborn Lives:*** This is a global initiative of SC-US, funded by the Bill and Melinda Gates Foundation. Through an 18-month sub-grant, HKI is partnering with SC-US to carry out a set of SNL activities complementary to the CS-15. The project, entitled "*Deciding in the Newborn's Favor*" is being implemented in 48 villages in the four CS-15 districts of Koulikoro, Kolokani, Kati, and Ouéléssébougou. HKI's approach is to 1) document the critical components of decision-making in its socio-cultural context; and 2) adapt, apply, and evaluate a participatory methodology to influence community norms through a dynamic and participatory process of social mobilization, involving all stakeholders in dialogue and action. Inspired by preliminary qualitative work with *muso koroba* undertaken during the participatory CS-15 MTE, HKI has adapted and is applying a participatory methodology to promote uptake of birth preparation and the essential newborn care package through changed community norms. This methodology was originally developed by Dr. Judi Aubel and collaborators in Senegal and Laos, as described by Aubel et al<sup>15</sup> and Aubel and Sihlathavong<sup>6</sup>, and demonstrates that a participatory communication and learning approach - emphasizing respect, dialogue, and negotiation - can promote changes in community norms, that in turn shape individual behavior<sup>d</sup>. The 18-month project began in July 2002 with a qualitative inquiry, designed by HKI and partners, and will continue through December 2003. Qualitative data collected through interviews, observations, and focus groups with senior women, community leaders, traditional practitioners, religious leaders, and other household and community decision-makers will continue to inform HKI planning, training, and BCC activities in Koulikoro Region. A report of the results of the qualitative inquiry were shared with governmental and non-governmental partners at a design workshop for a CS-19 cost extension held in late October 2002 in Koulikoro.

▪ ***West Africa Nutrition Focal Points Network and West Africa Health Organization:*** HKI has a strong presence in West Africa and has been a key partner in supporting the Economic Community of West African States (ECOWAS) Nutrition Forum Annual Meeting and Nutrition Focal Points<sup>e</sup> Network, which started with the nine francophone countries of West Africa and has now expanded to include all 15 ECOWAS member states and since 2000 is managed by WAHO. HKI's responsibilities include support to network meetings and maintaining a web site, e-mail-based information dissemination, and support to regional trainings and workshops. At the most recent meeting, held in Banjul in September 2002, HKI was asked to organize the technical update entitled "Nutrition: Key to Sustainable Development". HKI has a formal memorandum of understanding with WAHO and has participated in the nutrition component of WAHO's strategic planning process and, at WAHO's invitation, has presented to assembled health experts and to health ministers on vitamin A deficiency in West Africa. Through WAHO and the Focal Points Network, innovations and lessons learned can be shared on a West Africa regional level.

▪ ***Other Relevant West Africa Regional Partnerships:*** HKI has spearheaded development of micronutrient nutrition training manuals and education materials and organizing

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<sup>d</sup> In Senegal, for example, 98% of mothers in communities where the strategy was used put baby to breast within the first hour of birth; compared with 57% in control communities.

<sup>e</sup> Mali's «focal point» for nutrition is Dr. Dado Kagnassy, heads of the *Division Nutrition*, in the DNS at MOH.

micronutrient nutrition trainings for Burkina Faso, Cameroon, Guinea, Liberia, Morocco, Mozambique, Niger, Nigeria Sierra Leone, South Africa and Togo. HKI has also taken the lead in organizing the World Health Organization (WHO) inter-country meeting on micronutrients held in Niamey, Niger, in March 2002, for francophone and lusophone countries. Micronutrient focal points from 27 countries participated in addition to representatives of WHO, UNICEF, the United Nations Food and Agricultural Organization (FAO), the BASICS project, and the International Council for Control of Iodine Deficiency Disorders. These regional partnerships have and will continue to serve as key vehicles for disseminating lessons learned from CS-15 to other countries of West Africa and Cameroon.

▪ ***Multiple Micronutrient Acceptability Study:*** The M/DHS-III shows that 73% of pregnant women are anemic. This high anemia prevalence in pregnant women is largely attributable to iron deficiency. The current national policy recommends that women take daily iron/folate supplements from first pre-natal contact until three months after delivery for the control of iron deficiency and iron deficiency anemia. However, there is increasing evidence that many pregnant women in Mali lack other micronutrients in their diets besides iron and folic acid. Such women and their newborns could benefit from multiple micronutrient supplements. The MOH in Mali is considering replacing current iron/folate supplements for pregnant women with multiple micronutrient supplements. HKI/Mali is providing technical assistance to the MOH and UNICEF-Mali to assess women's acceptability of and adherence to a daily multiple micronutrient supplementation scheme (UNICEF's multiple micronutrient supplement formulation) vs. the current (standard) daily iron/folate supplementation scheme. In the CS-15 project zone in Koulikoro Region, 90 pregnant women have agreed to participate in this acceptability study and be allocated to either the daily multiple micronutrient supplementation scheme or the current (standard) iron/folate daily supplementation scheme. All women started receiving daily supplements at the end of the first trimester of pregnancy and continued taking daily supplements until delivery and throughout the first trimester post-partum. Data on adherence to the supplementation scheme and on factual and/or perceived benefits and undesirable side effects have been collected at the end of the second and third trimesters of pregnancy and at the end of the first trimester post-partum. Results are being currently analyzed and will be presented for the first time at the 2003 International Nutritional Anemia Consultative Group Symposium (INACG; Marrakech, Morocco, 2003). These findings, together with those from the global research agenda on efficacy of multiple micronutrient supplements for pregnant women (including HKI's on-going efficacy trials in Indonesia and Niger), will inform policy development in Mali for the effective control of iron deficiency and iron deficiency anemia in pregnant women.

## Endnotes

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<sup>1</sup> Koulikoro, Kolokani, and Kati are all circles, corresponding to administrative districts, in Koulikoro Region; Ouéléssébougou, a zone of Kati, has the official status of “health district”. The use of the term “district” in this proposal will mean “health district”.

2 Aubel J (2002). Midterm evaluation report of HKI’s Child Survival Project (CS-15) in Mali.

3 Aguayo VM (2002). Malnutrition attributable child mortality in Mali. HKI-Mali Nutrition Bulletin. Bamako, Mali.

4 World Health Organization (2002). Infant and young child nutrition. Global strategy on infant and young child feeding. World Health Organization (WHO). Geneva, Switzerland.

5 Aubel, J et al (2001). Strengthening grandmother networks to improve community nutrition: Experience from Senegal. Gender and Development, July 2001.

6 Aubel J and Sihalathavong D (2001). Participatory communication to strengthen the role of grandmothers in child health: An alternative paradigm for health education and health communication. Journal of International Communication, July 2001.